

Appendix XII

Sample of Family Needs Survey

- 1) Exceptional Parents Unlimited, Infant Family Program, Self Assessment of Educational Needs
- 2) California Needs Assessment Families
- 3) To Attend Training I Would Need, Family Involvement Committee, CSPDAC
- 4) Staff Development Committee Survey, Annual Needs Assessment, Contra Costa SELPA
- 5) Encuesta de Necesidades Familiares
- 6) Family Needs Survey

EXCEPTIONAL PARENTS UNLIMITED
INFANT FAMILY PROGRAM

NAME: _____

POSITION: _____

DATE : _____

SELF ASSESSMENT OF EDUCATIONAL NEEDS				
SUBJECT AREA	MY LEVEL OF KNOWLEDGE IN THIS AREA Low 1 2 3 4 5 Adequate High	LEVEL OF PRIORITY FOR MY WORK Not a priority 1 2 3 4 5 High priority	COMMENTS	
I. FAMILY SUPPORT				
A. Effective communication skills				
B. Enhancing family coping skills				
C. Facilitating parent to parent support and interaction				
D. Nurturing natural support systems				
E. Assisting families in assessing their strengths and needs				
F. Promoting family professional collaboration				
G. Supporting the empowerment of families				
H. Understanding family coping strategies				
I. Understanding grieving as a response to having a child with a disability				
II. CHILD DEVELOPMENT				
A. Typical child development				
1. Prenatal and perinatal development				

2. Infant/toddler development and its variation			
3. Interaction between the environment and the infant and toddler			
B. Atypical child development			
1. Prenatal and perinatal developmental risk factors			
2. Specific disabilities and risk factors and their effects on early development			
3. Cause, diagnosis and characteristics of specific disabilities and risk factors in infancy			
4. Health concerns for the infant with special needs			
5. Nutritional and feeding concerns for the infant with special needs			
6. Effects of disability on attachment			
III. FAMILY PROFESSIONAL PARTNERSHIPS			
A. Recognizing and strengthening family capabilities			
B. Developing collaborative relationships with families			
C. Understanding culturally and linguistically diverse families			
D. Helping families articulate their concerns about their children's special needs and development			
E. Enhancing the family's capacity for meeting the developmental needs of their infant			
F. Assisting families in accessing needed services for themselves and their children			

G. Advocate for families needs within the system				
IV. EVALUATION AND ASSESSMENT				
A. Using assessment practices appropriate to the infant with developmental needs				
B. Selecting, utilizing and adapting observation and evaluation assessment strategies and tools appropriately				
C. Accurately and appropriately interpreting and reporting assessment results				
D. Using the assessment process to teach the family more about their infant while addressing their specific concerns				
E. Interpreting and reporting the results of assessments to parents, professionals and agencies				
F. Using the results of assessments as a basis for formulating goals and objectives which address the family concerns				
V. DEVELOPMENT AND IMPLEMENTATION OF THE IFSP				
A. Understanding current trends and practices in medical and developmental intervention with infants with special needs				
B. Uses of technology in program implementation				
C. Planning and individualizing intervention strategies and desired outcomes				
D. Understanding and utilizing play as a primary mode of learning for infants				

E. Planning intervention strategies based on: -health and developmental needs of infant -family concerns and needs including culture, language and education -identified goals and outcomes			
F. Preparing families for transition			
G. Measuring progress toward goals of IFSP			
H. Evaluating family satisfaction with services			
I. Involving family actively in child's program			

MY PERSONAL EDUCATIONAL GOALS	STRATEGIES	DATE COMPLETED

COMMENTS:

REVIEWED WITH MANAGER _____ MANAGER _____

CALIFORNIA NEEDS ASSESSMENT: FAMILIES

The following statements ask about your interest in continuing education, training or information.

Please put a check by the topic(s) you are most interested in.

I WOULD LIKE TO LEARN:

- ☐ 1) About my child's special needs/disability.

Comments: _____

- ☐ 2) About my role in planning my son/daughter's program and services. (Example: Individualized Family Service Plan/IFSP, Individualized Education Plan/IEP, Individualized Transition Plan/TTP, or any other plan)

Comments: _____

- ☐ 3) Ways to solve problems that may occur in my child's program/services.

Comments: _____

- ☐ 4) Ways I can help my son/daughter's development and learning in the home, school and community.

Comments: _____

- ☐ 5) Ways to help my child with his/her behavior.

Comments: _____

- ☐ 6) What services are available and who provides them (Example: Assistive technology, counseling, transportation, occupational therapy, adaptive P.E., speech therapy, psychological services)

Comments: _____

- ☐ 7) What all children are expected to learn, how my child is taught and how my child's progress is measured. (Example: school curriculum, school-wide assessments, etc.)

Comments: _____

- ☐ 8) About parent, consumer, support and advocacy groups that can help me.

Comments: _____

- ☐ 9) About rights, responsibilities, and services for parents and children under federal and state laws and regulations.

Comments: _____

- ☐ 10) How to join with others to improve special education programs and services.

Comments: _____

TO ATTEND TRAINING I WOULD NEED:

☐ Child care ☐ Transportation ☐ Translation
☐ Accommodations (please describe) _____
☐ Other: _____

BEST TIME FOR TRAINING:

☐ Weekdays during school/work hours ☐ Weekends/evening
☐ Weekdays after school ☐ One day weekend activity
☐ Weekday evenings ☐ Two day weekend activity
☐ Weekends/morning ☐ Short training series (2-6 weeks)
☐ Weekends/afternoon ☐ Other: _____

I LEARN BEST BY:

☐ Large group workshops with hands on activities ☐ TV programs
☐ Small group workshops with hands on activities ☐ Newsletters, pamphlets, other printed material
☐ Films, slides, videotapes I could use at home ☐ Parent to parent support
☐ Workbooks with ideas and activities I could use ☐ Parent/Professional training sessions
at home ☐ Internet access
☐ Books or magazines ☐ Other: _____

HELPFUL INFORMATION

My child's disability is:

☐ Autism ☐ Orthopedic/physical impairments
☐ Emotional disturbance ☐ Specific learning disabilities
☐ Hearing impairments/deafness ☐ Speech/language impairments
☐ Health impairments ☐ Traumatic brain injury
☐ Mental retardation ☐ Visual impairment, including blindness
☐ Multiple disabilities

My child's ethnicity is:

☐ African American ☐ Caucasian
☐ American Indian/Native American ☐ Hispanic
☐ Asian/Pacific Islander ☐ Other: _____

Language spoken at home: _____ Child's age: _____

Staff Development Committee Survey

Annual Needs Assessment

Completed by: (Please check)

- | | |
|---|--|
| <input type="checkbox"/> General Ed Teacher | <input type="checkbox"/> Special Day Class Teacher |
| <input type="checkbox"/> General Ed Parent | <input type="checkbox"/> Special Ed Parent |
| <input type="checkbox"/> Resource Specialist | <input type="checkbox"/> DIS (Specify _____) |
| <input type="checkbox"/> General Ed Administrator | <input type="checkbox"/> Special Ed Administrator |
| <input type="checkbox"/> General Ed Aide | <input type="checkbox"/> Special Ed Aide |
| <input type="checkbox"/> Other (Specify) _____ | |

Directions: Please check five areas in which the SELPA/District should provide inservice training.

- | | |
|---|--|
| <input type="checkbox"/> Section 504 Mandates Strategies | |
| <input type="checkbox"/> Inclusion of Handicapped Children in General Education Classrooms | |
| <input type="checkbox"/> Modifying Core Curriculum for Learners with Special Needs | |
| <input type="checkbox"/> Strategies for Teaching At-Risk Students Who Do Not Qualify for Special Education | |
| <input type="checkbox"/> Alternative Assessment Methods | |
| <input type="checkbox"/> Behavior Management Strategies & Class Meetings | |
| <input type="checkbox"/> The Unmotivated Student | |
| <input type="checkbox"/> Dyslexia | |
| <input type="checkbox"/> Project READ for General/Special Education Staff | |
| <input type="checkbox"/> Multi Intelligences/Learning Styles | |
| <input type="checkbox"/> New Directions in Special Education | |
| <input type="checkbox"/> ADHD | |
| <input type="checkbox"/> Parent/Professional Collaboration | |
| <input type="checkbox"/> Disability Awareness | |
| <input type="checkbox"/> Strategies for Teaching the Mainstreamed Low Functioning Students | |
| <input type="checkbox"/> Training to Serve as an Instructional Aide | |
| <input type="checkbox"/> "Surfing the Internet" | |
| <input type="checkbox"/> Computer Application in the Classroom | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Best Time/Day for Workshops _____ |
| <input type="checkbox"/> Getting to YES at the IEP Meeting.
(Conflict Mediation Skills for IEP/SST Chairs) | |

Parents:

- | | |
|--|--|
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> IEP Process |
| <input type="checkbox"/> Working with Agencies | <input type="checkbox"/> Parenting the Challenging Child (videos/siblings) |
| <input type="checkbox"/> Other | |

*Do you read and find the information in the
Contra Costa SELPA Monthly Inservice Calendar of value?*

☐ Yes

☐ No

Encuesta de Necesidades Familiares

Nombre _____
Nombre del niño/a _____

Fecha _____
Programa _____

Introducción: Abajo se encuentran algunas necesidades expresadas por padres de niños con necesidades especiales. Favor de leer cada declaración y decida si necesita ayuda en esa area. Favor de marcar la caja que representa su respuesta a su necesidad. **Asegurarse de marcar todas las respuestas.**

Necesidades	Esta necesidad a sido cumplida	No necesito ayuda con esto	No estoy segur	Necesito ayuda con esto
A. Informacion para sus necesidades				
1. Yo necesito mas información sobre la incapacidad de mi niño/a.				
2. Yo necesito mas información de como manejar el conportamiento de mi niño/a.				
3. Yo necesito mas información sobre como enseñar a mi niño/a.				
4. Yo necesito mas información en como jugar o hablar con mi niño/a.				
5. Yo necesito mas información en los servicios que se encuentran disponibles para mi niño/a.				
6. Yo necesito mas información sobre los servicios que mi niño/a pueda recibir en el futuro.				
7. Yo necesito mas información sobre como los niños/as crecen y se desarrojan.				
B. Necesidades de Apoyo				
8. Yo necesito tener a alguien en mi familia al que you puedo hablar mas sobre problemas.				
9. Yo necesito tener mas amistades a las cuales pueda hablarles.				
10. Yo necesito tener mas oportunidades para reunirme y platicar con otros padres que tengan niños/as con necesidades especiales.				
11. Yo necesito tener mas tiempo justo para hablar con el maestro/a terapeuta de mi niño/a.				

Necesidades	Esta necesidad a sido cumolida	No necesito ayuda con esto	No estoy seguro	Ncesito ayuda con esto
12. Me gustaría reunirme regularmente con un cosejero (sicologo trabajador/a sicuakm siguiatra) para hablar sobre problemas.				
13. Yo necesito hablar más con un minisro que me pueda ayudar con problemas.				
14. Yo necesito leer materiales sobre otros padres que tengan un/una niño/a similar et/al mio/ia.				
15. Yo necesito tener más tiempo para mi mismo.				
C. Explicando a Otros				
16. Yo necesito más ayuda en como explicarles in condición de mi niño/a a sus hermanos/as.				
17. Yo necesito más ayuda en explicar la condición de mi niño/a a mis padres o padres de mi esposo/a.				
18. Mi esposo/a necesita ayuda en entender y aceptar la condición de este niño/a.				
19. Necesuti ayuda en como responder cuando amigos vecinos o extraños preguntan sobre la condición de mi niño/a.				
20. Yo necesito ayuda enexplicar la condición de mi niño/a a otros niños.				
D. Servicios de la comunidad				
21. Yo necesito ayuda en localizar un doctor que entienda las necesidades de mi niño/a.				
22. Necesito ayuda en localizar un dentista que pueda ver a mi niño/a.				
23. Necesito ayuda en localizar una niñera o alguien que este dispuesto y pueda cuidar a mi niño/a.				
24. Necesito ayuda en localizar un centro que cuide niños o una preescolar para mi niño/a.				
25. Necesito ayuda en obtener una guarderia donde le den cuidado apropiado a mi niño/a durante los servicios de nuestro iglesia o sinagoga.				

Necesidades	Esta necesidad a sido cumplida	No necesito ayuda con esto	No estoy seguro	Necesito ayuda con esto
E. Necesiddes Financieras				
26. Necesito más ayuda en como solventar los gastos de comida, renta, cuidado medco, ropa y transportación.				
27. Necesito más ayuda en obtener equipo especial para las necesidades de mi niño/a.				
28. Necesito más ayuda para pagar terepia, guarderia or otros servicios que necesita mi niño/a.				
29. Yo o mi exposo necesitamos más consejo y ayuda para obtener un trabajo.				
30. Yo necesito más ayuda para pagar una niñera o alguien que me ayude.				
31. Yo necesito más ayuda para comprar juguetes para mi niño/a con necesidades especiales.				
F. Funcionamiento Familiar				
32. Nuestra familia necesita ayuda en discutir problemas y en encontrar soluciones.				
33. Nuestra familia necesita ayuda en aprender como apoyamos unos a otros durante tiempos dificiles.				
34. Nuestra familia necesita ayuda en decidir quien hara el rabajo de la casa, cuidar los niños/as y hacer otros trabajos.				
35. Nuestra familia necesita ayuda en decidir en como hacer actividades recreacionales.				

Favor de enlistar cualquier nececidad adicional en la cual quiera ser dirigida:

Adoptado de la encuesta de necesidades familiares por Donald Bailey, 1989.

Family Needs Survey

Name _____
 Child's Name _____

Date _____
 Program _____

Instructions: Listed below are some of the needs expressed by parents of children with special needs. Please read each statement and decide if you need help in this area. Place a check in the box which represents your response to the need. **Be sure to place a check after all of the statements.**

Need	This need has been met	I do not need help with this	Not sure	I need help with this
A. Needs for Information				
1. I need more information about my child's disability.				
2. I need more information about how to handle my child's behavior.				
3. I need more information about how to teach my child.				
4. I need more information on how to play with or to talk to my child.				
5. I need more information on the services that are presently available to my child.				
6. I need more information about the services that my child might receive in the future.				
7. I need more information about how children grow and develop.				
B. Needs for Support				
8. I need to have someone in my family that I can talk to more about problems.				
9. I need to have more friends that I can talk to.				
10. I need to have more opportunities to met and talk with other parents of children with special needs.				
11. I need to have more time just to talk with my child's teacher or therapist.				

Need	This need has been met	I do not need help with this	Not sure	I do need help with this
12. I would like to meet more regularly with a counselor (psychologist, social worker, psychiatrist) to talk about problems.				
13. I need to talk more to a minister who could help me deal with problems.				
14. I need reading materials about other parents who have a child similar to mine.				
15. I need to have more time to myself.				
C. Explaining to Others				
16. I need more help in how to explain my child's condition to his/her siblings.				
17. I need more help in explaining my child's condition to either my parents or my spouse's parent.				
18. My spouse needs help in understanding and accepting this child's condition.				
19. I need help in knowing how to respond when friends, neighbors, or strangers ask questions about my child's condition.				
20. I need help in explaining my child's condition to other children.				
D. Community Services				
21. I need help in locating a doctor who understands me and my child's needs.				
22. I need help locating a dentist who will see my child.				
23. I need help locating baby-sitters or respite care providers who are willing and able to care for my child.				
24. I need help locating a day care center or preschool for my child				

Need	This need has been met	I do not need help with this	Not sure	I need help with this
25. I need help in getting appropriate care for my child in our church or synagogue nursery during church services.				
26. I need more help in paying for expenses such as food, housing, medical care, clothing, or transportation.				
27. I need more help in getting special equipment for my child's needs.				
28. I need more help in paying for therapy, day care, or other services my child needs.				
29. I or my spouse need more counseling or help in getting a job.				
30. I need more help paying for baby-sitting or respite care.				
31. I need more help paying for toys that my child needs.				
F. Family Functioning				
32. Our family needs help in discussing problems and reaching solutions.				
33. Our family needs help in learning how to support each other during difficult times.				
34. Our family needs help in deciding who will do household chores, child care, and other family tasks.				
35. Our family needs help in deciding on and doing recreational activities.				

Please list any additional needs you might want addressed.

Thank you for your time.

Adapted with permission from the Family Needs Survey by Donald Bailey, 1989